

May 3, 2006

Ms. Shannon R. Turner, J.D.  
Commissioner  
Cabinet for Health and Family Services  
Department for Medicaid Services  
275 East Main Street, 6W-A  
Frankfort, Kentucky 40621-0001

Attention: Stephanie Brammer-Barnes

Dear Ms. Turner:

We are pleased to inform you that Kentucky's Medicaid reform plan is being approved today. In order to implement the Governor's plan, State Plan Amendments (SPAs) submitted under the following transmittal numbers are approved: 06-006; 06-007; 06-008; and 06-010.

On April 20, 2006, the Commonwealth of Kentucky submitted multiple SPAs as part of a larger Medicaid reform effort. The overall guiding principles of the Commonwealth's Medicaid reform program are to promote and improve the health status of its beneficiaries, to ensure beneficiaries receive timely and appropriate care in the right setting, and to empower beneficiaries to be active participants in their own healthcare.

Kentucky is implementing most of its reform program through the flexibilities granted under the Deficit Reduction Act of 2006 (DRA). The Commonwealth will introduce health plans tailored to better meet the needs of specific populations through the use of benchmark plans granted under section 6044 of the DRA, State Flexibility in Benefit Packages, which added section 1937 of the Social Security Act (the Act). The approval of SPA number 06-010 allows the State to provide alternative benefit packages for Medicaid beneficiaries. Kentucky will also implement a non-emergency medical transportation (NEMT) brokerage program (SPA 06-008) through section 6083 of the DRA, which added a new section 1902(a)(70) of the Act.

The approval of these SPAs will allow the Commonwealth to:

- Provide four population specific benefit packages that vary in amount, duration and scope for optional services, resulting in tailored benefit packages that meet population specific health care needs (SPA 06-007; 06-010);
- Require beneficiaries to share in the cost of covered services; however for those individuals covered under the benefit flexibility of DRA, cost sharing has been reduced from current Medicaid State plan levels (SPA 06-006; 06-010);

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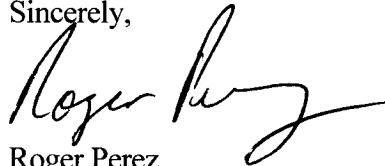
- Provide Disease Management Programs that will be developed and phased in by geographic area to assist beneficiaries with specific chronic illnesses. Also, "Get Healthy" Benefits will be established under the Disease Management Program, to provide incentives to Medicaid beneficiaries practicing healthy behaviors (SPA 06-010); and
- Promote private health insurance coverage. All Kentucky Health Choices beneficiaries, with the exception of children, may elect to voluntarily opt-out of Medicaid into Employer Sponsored Insurance (ESI) when the beneficiary has access to ESI (SPA 06-010).

Prior to implementation, the Department for Medicaid Services must comply with Federal requirements of advance public notice, which can include, but are not limited to State website posting or public service announcements.

Approval of these SPAs is limited to the scope of the submitted benefit provisions and does not constitute approval of any change in reimbursement methodologies, new reimbursement methodologies, or change in the sources of non-Federal share funding utilized by the Commonwealth to make such Medicaid payments.

Enclosed is a copy of the approved plan pages and the HCFA-179 forms. If you have any questions, please contact Ms. Jean Sheil, Director of the Family and Children's Health Programs Group at 410-786-5647. We congratulate Kentucky on its pioneering efforts to implement the flexibility afforded to states under the DRA.

Sincerely,



Roger Perez

Acting Regional Administrator

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
06-006

2. STATE  
Kentucky

FROM: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
June 1, 2006

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
Deficit Reduction Act of 2005

7. FEDERAL BUDGET IMPACT:  
a. FFY 2006 (decrease of expenditures by approximately  
\$8.07 million (Jun - Sept 2006)  
b. FFY 2007 (decrease of expenditures by approximately \$  
\$24.4 million (Oct - Sept 2007)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.18-A, Page 1  
Attachment 4.18-A, Page 1(a)  
Attachment 4.18-C, Page 1  
Attachment 4.18-C, Page 1(a)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Same

10. SUBJECT OF AMENDMENT:

Recipient Co-payments

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

X OTHER, AS SPECIFIED: Review delegated  
to Commissioner, Department for Medicaid  
Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Shannon Turner, J.D.

14. TITLE: Commissioner, Department for Medicaid Services

15. DATE SUBMITTED: 4/21/06

16. RETURN TO:

Department for Medicaid Services  
275 East Main Street 6W-A  
Frankfort, Kentucky 40621

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: April 21, 2006

18. DATE APPROVED: May 3, 2006

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
April 1, 2006

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Roger Perez

22. TITLE: Acting Regional Administrator

23. REMARKS: Approved with the following changed authorized by the State Agency on e-mail dated May 4, 2006: Item 4 changed to read: "April 1, 2006 with an implementation date of May 15, 2006"; Item 8 changed to read: "Attachment 4.18-A, pages 1 thru 1(d)" and "Attachment 4.18-C, pages 1 thru 1(d)"; Item 9 changed to read: "Attachment 4.18-A, pages 1 and 1(a)" and "Attachment 4.18-C, pages 1 and 1(a)".

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
 STATE: KENTUCKY

A. Cost Sharing Provisions Under the Commonwealth Global Choices Benefit Plan: The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act.

Service	Type of Charge Deduct. Coins Co-pay	Amount and Basis for Determination
Prescription Drugs	X X	\$1 for each generic drug or atypical antipsychotic drug that does not have a generic equivalent; \$2 for each preferred brand name drug that does not have a generic equivalent and is available under the supplemental rebate program; or 5 % co-insurance for each non-preferred brand name drug. The Department for Medicaid Services (DMS) shall reduce a pharmacy provider's reimbursement by \$1 for each generic drug, atypical antipsychotic drug that does not have a generic equivalent, or preferred brand name drug; DMS shall reduce a pharmacy provider's reimbursement by 5 % of the cost of each non-preferred brand name drug dispensed. A cap of \$225 per calendar year (January 1 - December 31) per recipient will apply to prescription drug co-payments. Additionally, the maximum amount of cost sharing shall not exceed 5 % of a family's total income for a quarter. The average payment per prescription drug is \$51.88 for FY 2005.

Service	Type of Charge Deduct. Coins Co-pay	Amount and Basis for Determination
Audiology		\$0.00
Chiropractor	X	\$2.00 for each date of service. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for a chiropractic service is \$39.60 in FY 2005.
Dental	X	\$2.00 for each date of service. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for a dental service is \$128.27 in FY 2005.
Hearing Aid Dealer		A co-payment will not be imposed on hearing aids. However, members will be responsible for any hearing aid charges over \$1,400 per ear every 36 months.
Podiatry	X	\$2.00 for each date of service. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for a podiatry service is \$61.02 in FY 2005.
Optometry*	X	\$2.00 for each date of service. DMS shall reduce a provider's reimbursement by \$2.00. The average payment to an optometrist for a general ophthalmological service is \$44.02 in FY 2005.
General ophthalmological services*	X	\$2.00 for each date of service. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for an ophthalmological service is \$29.84 in FY 2005.
Eyewear		A co-payment will not be imposed on eyewear. However, members will be responsible for any eyewear charges over \$200 per year.
Office visit for care by a physician,** physician's assistant, advanced registered nurse practitioner, certified pediatric and family nurse practitioner, or nurse midwife	X	\$2.00 per visit. The average payment for this service is \$37.12 in FY 2005. DMS shall not reduce a provider's reimbursement by \$2.00.
Physician Service	X	\$2.00 per date of service. DMS shall not reduce a provider's reimbursement by \$2.00. The average payment for this service is \$37.12 in FY 2005.

\*CPT codes 92002, 92004, 92012, and 92014.

\*\*CPT codes 99201, 99202, 99203, 99204, 99211, 99212, 99213, and 99214

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: KENTUCKY

Cost Sharing Provisions Under the Commonwealth Global Choices Benefit Plan, continued:

Service	Type of Charge		Amount and Basis for Determination
	Deduct.	Co-pay	
Visit to a rural health clinic, primary care center, or federally qualified health center		X	\$2.00 per visit. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for this service is \$39.21 in FY 2005.
Outpatient hospital service		X	\$3.00 for each date of service. DMS shall reduce a provider's reimbursement by \$3.00. The average payment for this service is \$211.55 in FY 2005.
Emergency room visit for a non-emergency service	X		5% co-insurance for each date of service. DMS shall not reduce a provider's reimbursement by the amount of co-insurance. The average payment for this service is \$190.77 in FY 2005.
Inpatient hospital admission		X	\$50.00 per admission. DMS shall reduce a provider's reimbursement by \$50.00. The average payment for this service is \$2512.78 in FY 2005.
Occupational Therapy		X	\$2.00 per visit. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for this service is \$40.92 in FY 2005.
Physical Therapy		X	\$2.00 per visit. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for this service is \$25.14 in FY 2005.
Speech, Hearing, Language Therapy		X	\$1.00 per visit. DMS shall reduce a provider's reimbursement by \$1.00. The average payment for this service is \$20.85 in FY 2005.
Durable Medical Equipment	X		3% co-insurance per service, not to exceed \$15 per month. DMS shall reduce a provider's reimbursement by the amount of co-insurance or \$15 if applicable. The average payment for this service is \$96.68 in FY 2005.
Ambulatory Surgical Center		X	\$3.00 for each date of service. DMS shall reduce a provider's reimbursement by \$3.00. The average payment for this service is \$528.76 in FY 2005.
Laboratory, diagnostic, or x-ray service		X	\$3.00 for each date of service. DMS shall reduce a provider's reimbursement by \$3.00. The average payment for this service is \$48.11 in FY 2005.
			A cap of \$225 per calendar year (January 1 – December 31) per recipient will apply to co-payments for services. Additionally, the maximum amount of cost sharing shall not exceed 5% of a family's total income for a quarter.

B. The following shall not be subject to a copayment:

- (a) Individuals excluded in accordance 42 CFR 447.53.
- (b) A service provided to a recipient who has reached his or her 18<sup>th</sup> birthday but has not turned 19.
- (c) Individuals who are pregnant.
- (d) Individuals receiving hospice service.

C. Services included and related to established age and periodicity screenings pursuant to Centers for Disease Control guidelines shall not be subject to co-pays.

D. In addition to the Global Choices cost-sharing provisions are cost-sharing provisions established elsewhere in the State Plan for the Comprehensive Choices, Family Choices and Optimum Choices benefit packages.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: KENTUCKY

Populations Covered under Commonwealth Global Choices Benefit Plan:

- E. All other children and individuals who are nursing facility level of care will be covered under the Family choices and comprehensive Choices plans outlined in the DRA SPA 06-010. The following grid outlines the populations covered under Global Choices, which will serve as the default state plan package:

MEG	Eligibility Group	Eligibility Category	Description
<b>MEG #1 "Global Choices"</b> <ul style="list-style-type: none"> <li>• SSI-Related</li> <li>• Caretaker Relatives</li> <li>• Women with Breast or Cervical Cancer</li> <li>• Special Needs Children</li> <li>• Pregnant Women</li> </ul>	<b>Mandatory SSI-Related</b>		
	SSI Members	A	Aged individuals 65 and over who receive SSI who do not meet NF level of care
		AP	Aged individuals 65 and over who receive SSI and State Supp who do not meet NF level of care
		B	Blind individuals who receive SSI who do not meet NF level of care, including children
		BP	Blind individuals who receive SSI and State Supp who not meet NF level of care
		D	Disabled individuals who receive SSI who do not meet NF level of care including children
		DP	Disabled individuals who receive SSI and State Supp who do not meet NF level of care
	Pass Through (deemed SSI or SSP members)	F	Aged individuals 65 and over who lost SSI or SSP benefits and are now eligible for "Pass through" Medicaid who do not meet NF level of care
		G	Blind individuals who lost SSI or SSP benefits and are now eligible for "Pass through" Medicaid who do not meet NF level of care
		H	Disabled individuals who lost SSI or SSP benefits and are now eligible for "Pass through" Medicaid who do not meet NF level of care
	<b>Mandatory Caretaker Relatives</b>		
	Caretaker Relatives of children eligible per Section 1931	C	Caretaker Relatives of children who receive KTAP and are deprived due to death, incapacity or absence
		E	Caretaker Relatives of children who do not receive KTAP and are deprived due to death, incapacity or absence
		T	Caretaker Relatives of children who do not receive KTAP and are deprived due to unemployment

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: KENTUCKY

Populations Covered under Commonwealth Global Choices Benefit Plan, continued:

			Caretaker Relatives of children who receive KTAP and are deprived due to unemployment
Caretaker Relatives of children who lose eligibility due to increased earnings, time-limited deductions or increased child support	L	07	Caretaker Relatives of children deprived of parental support due to death, incapacity, or absence and get time-limited Medicaid due to increased earnings, time-limited deductions or increased child support
	N	07	Caretaker Relatives of children deprived of parental support due to unemployment who get time-limited Medicaid due to increased earnings, time-limited deductions or increased child support
<b>Mandatory Special Needs Children (No Cost Sharing)</b>			
Children w/adoption assistance or foster care payments under Title IV-E of the Act	S		Federally subsidized adopted special needs children who receive grants from social services
	X		Foster care children who receive a grant through Title IV-E
<b>Mandatory Pregnant Women (No Cost Sharing)</b>			
Pregnant Women	I	P3	Pregnant Women w/income <133% FPL
<b>Optional SSI-Related</b>			
State Supplementation (SSP) Members	FP		Aged individuals 65 and over who receive State Supp who do not meet NF level of care
	GP		Blind individuals who receive State Supp who do not meet NF level of care
	HP		Disabled individuals who receive State Supp who do not meet NF level of care
Medically Needy Aged, Blind or Disabled Individuals	J	02	Aged individuals 65 and over with excess income who become financially eligible through spenddown
	K	02	Blind individuals with excess income who become financially eligible through spenddown
	M	02	Disabled individuals with excess income who become financially eligible through spenddown

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: KENTUCKYPopulations Covered under Commonwealth Global Choices Benefit Plan, continued:

<b>Optional Caretaker Relatives</b>			
Medically Needy caretaker relatives	L	02	Caretaker Relatives of children deprived of parental support due to death, incapacity, or absence, with income under the medically needy scale or with excess income who become financially eligible through spenddown
	N	02	Caretaker Relatives of children deprived of parental support due to unemployment with income under the medically needy scale or with excess income who become financially eligible through spenddown
<b>Optional Women eligible through the Breast and Cervical Cancer Treatment Program</b>			
BCCTP	V		Women eligible in the Breast and Cervical Cancer Treatment Program
<b>Optional Special Needs Children (No Cost Sharing)</b>			
Children in non-Title IV-E foster care	P		Children under 18 foster care family homes or private institutions totally or partially dependent upon and supervised by a public or private child care agency
Children in Psychiatric Residential Treatment Facilities	U		Children under age 18 in a Psychiatric Residential Treatment Facility (PRTF)
<b>Optional Pregnant Women (No Cost Sharing)</b>			
Pregnant Women	I	P3	Pregnant Women w/income >133% FPL <185% FPL
Medically needy pregnant women	Y	02	Pregnant women with income under medically needy income scale or income eligible through spenddown
Presumptively Eligible pregnant women	PE	P3	Pregnant Women w/income <185% FPL determined presumptively eligible by a qualified provider



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
 STATE: KENTUCKY

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	Deduct.	Coins	Co-pay	
Prescription Drugs		X	X	\$1 for each generic drug or atypical antipsychotic drug that does not have a generic equivalent; \$2 for each preferred brand name drug that does not have a generic equivalent and is available under the supplemental rebate program; or 5% co-insurance for each non-preferred brand name drug. The Department for Medicaid Services (DMS) shall reduce a pharmacy provider's reimbursement by \$1 for each generic drug, atypical antipsychotic drug that does not have a generic equivalent, or preferred brand name drug; DMS shall reduce a pharmacy provider's reimbursement by 5% of the cost of each non-preferred brand name drug dispensed. A cap of \$225 per calendar year (January 1 – December 31) per recipient will apply to prescription drug co-payments. Additionally, the maximum amount of cost sharing shall not exceed 5% of a family's total income for a quarter. The average payment per prescription drug is \$51.88 for FY 2005.

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TN No. 06-006

Approval Date: 05/03/06

Effective Date: 04/01/06

Supersedes TN No.: 05-009

Implementation Date: 05/15/06

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: KENTUCKY

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- (b) A service provided to a recipient who has reached his or her 18<sup>th</sup> birthday but has not turned 19.
- (c) Individuals who are pregnant.
- (d) Individuals receiving hospice service.

C. Services included and related to established age and periodicity screenings pursuant to Centers for Disease Control guidelines shall not be subject to co-pays.

D. In addition to the Global Choices cost-sharing provisions are cost-sharing provisions established elsewhere in the State Plan for the Comprehensive Choices, Family Choices and Optimum Choices benefit packages.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: KENTUCKY

Populations Covered under Commonwealth Global Choices Benefit Plan:

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		B	Blind individuals who receive SSI who do not meet NF level of care, including children
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		DP	Disabled individuals who receive SSI and State Supp who do not meet NF level of care
	Pass Through (deemed SSI or SSP members)	F	Aged individuals 65 and over who lost SSI or SSP benefits and are now eligible for "Pass through" Medicaid who do not meet NF level of care
		G	Blind individuals who lost SSI or SSP benefits and are now eligible for "Pass through" Medicaid who do not meet NF level of care
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	<b>Mandatory Caretaker Relatives</b>		
	Caretaker Relatives of children eligible per Section 1931	C	Caretaker Relatives of children who receive KTAP and are deprived due to death, incapacity or absence
		E	Caretaker Relatives of children who do not receive KTAP and are deprived due to death, incapacity or absence
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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: KENTUCKY

Populations Covered under Commonwealth Global Choices Benefit Plan, continued:

			Caretaker Relatives of children who receive KTAP and are deprived due to unemployment
Caretaker Relatives of children who lose eligibility due to increased earnings, time-limited deductions or increased child support	L	07	Caretaker Relatives of children deprived of parental support due to death, incapacity, or absence and get time-limited Medicaid due to increased earnings, time-limited deductions or increased child support
	N	07	Caretaker Relatives of children deprived of parental support due to unemployment who get time-limited Medicaid due to increased earnings, time-limited deductions or increased child support
<b>Mandatory Special Needs Children (No Cost Sharing)</b>			
Children w/adoption assistance or foster care payments under Title IV-E of the Act	S		Federally subsidized adopted special needs children who receive grants from social services
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<b>Mandatory Pregnant Women (No Cost Sharing)</b>			
Pregnant Women	I	P3	Pregnant Women w/income <133% FPL
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State Supplementation (SSP) Members	FP		Aged individuals 65 and over who receive State Supp who do not meet NF level of care
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	HP		Disabled individuals who receive State Supp who do not meet NF level of care
Medically Needy Aged, Blind or Disabled Individuals	J	02	Aged individuals 65 and over with excess income who become financially eligible through spenddown
	K	02	Blind individuals with excess income who become financially eligible through spenddown
	M	02	Disabled individuals with excess income who become financially eligible through spenddown

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: KENTUCKYPopulations Covered under Commonwealth Global Choices Benefit Plan, continued:

<b>Optional Caretaker Relatives</b>			
Medically Needy caretaker relatives	L	02	Caretaker Relatives of children deprived of parental support due to death, incapacity, or absence, with income under the medically needy scale or with excess income who become financially eligible through spenddown
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Pregnant Women	I	P3	Pregnant Women w/income >133% FPL <185% FPL
Medically needy pregnant women	Y	02	Pregnant women with income under medically needy income scale or income eligible through spenddown
Presumptively Eligible pregnant women	PE	P3	Pregnant Women w/income <185% FPL determined presumptively eligible by a qualified provider